ADDIT. FEE



PTO/SB/06 (08-00)
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	Under the Paperw	ork Reduction Act	of 1995, no per	sons are required	U. S. Pate I to respond to a collect	ion of infor	emar patio	k Office; U.S. n unless it dis	DEPAI	RTMENT OF VAIID OMB C	COMMERC onwol number		
	PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number					
DIVIDED-VOLTAGE FET POWER AMPLIFIERS							203-11CON						
CLAIMS AS FILED - PART I Filed: June 24, 2003(Column 1) (Column 2)						SMALL ENTITY			OR	OTHER T			
FOR		NUMB	NUMBER FILED		NUMBER EXTRA		RATE FEE			RATE	FEE		
(37	SIC FEE CFR 1.16(s))							s <u>375</u>	OR		s		
(37	AL CLAIMS UFR 1.16(e))		1 minus 20 =		* -0-		_=	0	OR	x S=			
	EPENDENT CLA	IMS	1 min	us 3 =   * _	* -0-			0	OR	x =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							_ =		OR	+ =			
* If the difference in column 1 is less then zero, enter "0" in column 2							AL	375	OR	TOTAL			
Amendment by FAX (703) 872-9306 CLAIMS AS AMENDED - PART II 03/31/2004 (Column 1) (Column 2) (Column 3)						SMA	LLE	ENTITY	OR	OTHER T			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y ,EXTRA	R.A.	ΓE	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE		
	Total (27 CFR 1.16(e))	* 25	Minus	** 20	= 5	x s9=	9=	45		x S =			
	Independent (37 CFR 1.16(b))	1	Minus	3	= 0	x _4	3=	0	OR	x=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=		OR	+ =			
							ΑL	45	OR	TOTAL			
(Column 1) (Column 2) (Column 3)							EE		, A	DDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	i.	RA'	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE .		
	Total (37 CFR 1.16(e))	•	Minus	**	=	x s	_=		OR	x \$ =			
	Independent	•	Minus	***	=	x			OR OR	x =			
		ENTATION OF M	ON OF MULTIPLE DEPE		ENDENT CLAIM (37 CFR 1.16(d))		_=		OR	+ =			
(Column 1) (Column 2) (Column 3)						TO ADDIT.	TAL FEE		OR	TOTAL DDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTRA	RA	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1,16(e))	•	Minus	**	=	x \$	_=		OR	x \$ =			
	Independent (37 CFR 1 16(b))	•	Minus	***	=		_ =		OR	x =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR LINGS)					1	_	1	OR	+ =			
						TC	TAL		OR	TOTAL			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							FEE			DDIT, FEE	L		

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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